

# ***EXHIBIT 5***



1 UNITED STATES DISTRICT COURT  
2 EASTERN DISTRICT OF MICHIGAN  
3  
4

5 AHMED ELZEIN,  
6 Plaintiff,

7  
8 -vs-

Case No. 22-CV-12352

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10 ASCENSION GENESYS HOSPITAL,  
11 Defendant.  
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16 DEPONENT: DR. BRADLEY CALOIA

17 DATE: Thursday, October 12, 2023

18 TIME: 2:12 p.m.

19 LOCATION: VIA ZOOM VIDEOCONFERENCE

20 REPORTER: Karen Fortna, CRR/RMR/RPR/CSR-5067

21 JOB NO: 26455  
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1 A. I believe I received a call from the internal  
2 medicine program director, Dr. Pawlaczyk, who  
3 informed me that they were sending him down.  
4 Q. And was that a direct conversation between you and  
5 Dr. Pawlaczyk?  
6 A. Yes, sir, it was.  
7 Q. And what did she tell you?  
8 A. I don't recall immediately.  
9 Q. Do you recall her describing it as she was  
10 requesting a fitness for duty, though?  
11 A. Yes, specifically her concern was that she believed  
12 this person was unfit for duty and needed, you  
13 know, a medical clearance workup.  
14 Q. When did you first lay eyes on Dr. Elzein -- not  
15 time, I mean, like where in the hospital,  
16 physically within the hospital?  
17 A. They brought him into room 17, as memory serves,  
18 and I saw him probably very close to immediately  
19 after he arrived.  
20 Q. And that would have been within that particular  
21 room of the emergency department; is that right?  
22 A. Yes. We are separated into multiple, what we call,  
23 pods or subsections of groups of rooms. There  
24 are -- well, there's three now; I believe there  
25 were four at the time. This would have been in the

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1 main treatment area or what we call pod A, I guess,  
2 but the first 17 or 18 rooms are like pod A, the  
3 primary core of the emergency room.  
4 Q. During your phone call with Dr. Pawlaczyk, did you  
5 have an understanding that she had concerns about  
6 Dr. Elzein's psychiatric condition?  
7 A. It was implied, sir.  
8 Q. In what sense was it implied?  
9 A. I don't recall the immediate words she used, but  
10 there was concerns that he was either under the  
11 influence of a substance or there were underlying  
12 problems. You know, the purpose of the ER visit is  
13 for us to try to determine -- to make that  
14 determination, that distinction.  
15 Q. Well, sure, but I mean, one of the first things you  
16 do with any patient is get a history, correct?  
17 A. Of course.  
18 Q. And that history can come from the patient or from  
19 other people who've made observations of the  
20 patient, correct?  
21 A. It generally encompasses as much information as I  
22 can gather from all sources.  
23 Q. So that's what I'm getting at. So while -- the ER  
24 is -- the role is to find out what's going on and  
25 you're going to gather as much as you can from any

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1 source that you can at that point, correct?  
2 A. Sure, yeah.  
3 Q. So while you might not have a specific recollection  
4 right now sitting here, do you believe you had a  
5 specific conversation with Dr. Pawlaczyk about the  
6 nature of her concerns?  
7 A. I know that I did. And in addition to that, she  
8 told me that another person raising concerns was a  
9 fellow resident of Dr. Elzein's, whom I contacted  
10 to get her impression as well.  
11 Q. Do you recall who that was?  
12 A. Last name is Baj or Baj, B-A-J.  
13 Q. Did you talk to Dr. Baj before seeing Dr. Elzein?  
14 A. I'm not sure, sir. That's a good question. I  
15 don't know the answer.  
16 Q. Did you have --  
17 A. It was probably afterward.  
18 Q. Did you have more than one conversation with  
19 Dr. Pawlaczyk about Dr. Elzein?  
20 A. At the end of the workup, I would have contacted  
21 her, yes, to inform her that he was not coming back  
22 to work.  
23 Q. Did you have more than one conversation with  
24 Dr. Baj about Dr. Elzein?  
25 A. I'm not sure.

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1 Q. Was your contact with Dr. Baj by phone or did you  
2 see her in person, do you know?  
3 A. By phone.  
4 Q. Do you recall what she told you?  
5 A. Offhand, no. They had -- I don't remember. I  
6 don't recall. I would be guessing.  
7 Q. All right. Is there an area of the emergency  
8 department that is designated for persons coming in  
9 with psychiatric concerns?  
10 A. No.  
11 Q. Does Ascension Genesys have a psychiatric unit?  
12 A. We do not have an in-patient psychiatric unit, no.  
13 Q. What do you recall about your initial interactions  
14 with Dr. Elzein?  
15 A. He was agitated and defensive and showing some  
16 signs of restlessness and agitation, swiftly moving  
17 eyes, rocking back and forth, demanding to see  
18 identification from every single person in the  
19 room, making some, you know -- what's the word? He  
20 seemed persecutory.  
21 Q. Meaning he was expressing that he believed to be  
22 the victim of persecution; is that how you're using  
23 that word?  
24 A. Yes, delusions of persecution, assuming they were  
25 delusions.



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<p style="text-align: right;">Page 30</p> <p>1 Q. So again, you testified earlier that he told you 2 this, but you don't put it in here and you said 3 part of why you -- the purpose of this document is 4 for subsequent treating psychiatrist to understand 5 what's going on, correct? 6 <b>A. Yes, that's true. I would like to review the chart 7 though.</b> 8 MR. STEMPIEN: Take your time. 9 <b>THE WITNESS: Is Exhibit 2 the chart?</b> 10 <b>Yeah, here it is.</b> 11 (Marked for identification: 12 Deposition Exhibit No. 2.) 13 MR. STEMPIEN: Well, Exhibit 2 is only 14 three or four pages of it, so I don't want to 15 represent to you that it would be whatever it is 16 that you're looking for because I cherry-picked what 17 I wanted to present to you, but you're welcome to 18 look at the entire chart if you need a couple 19 minutes. 20 <b>THE WITNESS: It's not all there.</b> 21 MR. STEMPIEN: Not from what I gave you, 22 no. 23 <b>THE WITNESS: Okay.</b> 24 MR. STEMPIEN: I mean, I'm sure either 25 Dan or I can make that available to you if -- do</p>	<p style="text-align: right;">Page 32</p> <p>1 <b>conversation with the IM staff, but I can't say for 2 certain whether or not he told me because I didn't 3 document it.</b> 4 Q. Okay. And then the same question with regard to 5 that people/co-workers were trying to harm him by 6 placing a toxic substance in his pocket. 7 <b>A. There is a suggestion in the chart that he told me 8 that people were trying to harm him and bug him.</b> 9 Q. All right. Bug him. And did he -- in what 10 context -- not context. In what manner did he mean 11 bug him, like audio recording or like bother him? 12 <b>A. "...as demonstrated by believing people are 13 planting bombs around him and bugging him." That 14 is on 287, sir.</b> 15 MR. STEMPIEN: Let me take a look. 16 By the way, Doctor, I'm completely 17 distracted because you have chickens walking around 18 behind you. 19 <b>THE WITNESS: The rooster's a jerk.</b> 20 <b>Don't look at him.</b> 21 MR. STEMPIEN: You said 287? 22 <b>THE WITNESS: Yes, 000287.</b> 23 BY MR. STEMPIEN: 24 Q. <b>So are you referring to the section under the title 25 "Hospital Course"?</b></p>
<p style="text-align: right;">Page 31</p> <p>1 you need to look at the entire chart? 2 <b>THE WITNESS: If you're going to ask me 3 questions specifically regarding what he said to 4 me, it would be helpful.</b> 5 MR. STEMPIEN: Sure. Absolutely. 6 MR. WASLAWSKI: Can we go off the record 7 real quick? 8 MR. STEMPIEN: Why don't we go off the 9 record, Karen. 10 THE REPORTER: We're off. 11 (Whereupon a break was taken 12 from 2:48 p.m. to 3:00 p.m.) 13 MR. STEMPIEN: Back on the record. 14 BY MR. STEMPIEN: 15 Q. All right. Dr. Caloia, have you had an opportunity 16 to review the chart? 17 <b>A. I did.</b> 18 Q. Okay. So then I would like to go back to my 19 earlier question about who told you this issue 20 regarding the bomb. Did Dr. Elzein personally tell 21 you from his own mouth that he thought somebody had 22 placed a bomb in the resident lounge area? 23 <b>A. So according -- from what I'm gathering from the 24 chart, it seems that that specific information came 25 to my thought, my consciousness as a result of a</b></p>	<p style="text-align: right;">Page 33</p> <p>1 <b>A. Yes.</b> 2 Q. And then it says, "Clinical Course," and a colon, 3 and it starts with the words, "I specifically 4 discussed..." Is that the paragraph you're 5 referring to? 6 <b>A. Yes, sir.</b> 7 Q. And does the "I" in that paragraph refer to you? 8 <b>A. Me.</b> 9 Q. So this references that you specifically discussed 10 the case with the program director, Dr. Pawlaczyk, 11 and also with fellow resident, Dr. Natalia Baj, 12 correct? 13 <b>A. Yes.</b> 14 Q. And then it says that you believe the patient is 15 having paranoid delusions and that he's "acutely a 16 danger to himself and possibly others as 17 demonstrated by believing people are planting bombs 18 around him and bugging him," correct? 19 <b>A. Yes.</b> 20 Q. But there's nothing in that sentence that 21 references that he's the one that made those 22 statements; is that accurate? 23 <b>A. I did not specifically write the patient said this 24 to me.</b> 25 Q. And do you have a specific recollection of the</p>